



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 4727

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/715,591	11/18/2003	435	1645	AXM-012.3 US		
APPLICANTS Janos Pato, Budapest, HUNGARY; Gyorgy Keri, Budapest, HUNGARY; Laszlo Orfi, Budapest, HUNGARY; Frigyes Waczek, Budapest, HUNGARY; Zoltan Horvath, Budapest, HUNGARY; Peter Banhegyi, Budapest, HUNGARY; Istavan Szabadkai, Budapest, HUNGARY; Jeno Marosfalvi, Budapest, HUNGARY; Balint Hegymegi-Barakonyi, Erd, HUNGARY; Zsolt Szekelyhidi, Nagykovacs, HUNGARY; Zoltan Greff, Budapest, HUNGARY; Axel Choidas, Gauting, GERMANY; Gerald Bacher, Germering, GERMANY; Andrea Missio, Munich, GERMANY; Anil Koul, Munchen, GERMANY;						
** CONTINUING DATA ***** This application is a CIP of PCT/EP03/03697 04/09/2003 and is a CIP of PCT/EP02/05573 05/21/2002 which claims benefit of 60/292,325 05/22/2001 and claims benefit of 60/298,902 06/19/2001						
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 01 112 289.2 05/18/2001 EUROPEAN PATENT OFFICE (EPO) 01 115 508.2 06/27/2001 EUROPEAN PATENT OFFICE (EPO) 02 007 923.2 04/09/2002						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** 02/26/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ROD P SWARTZ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY HUNGARY	SHEETS DRAWINGS 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
ADDRESS Leon R. Yankwich YANKWICH & ASSOCIATES 201 Broadway Cambridge, MA 02139 UNITED STATES						
TITLE Novel therapeutic targets for the treatment of mycobacterial infections and compounds useful therefor						
			<input type="checkbox"/> All Fees			

FILING FEE RECEIVED 683	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> 1.16 Fees (Filing)							
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)							
<input type="checkbox"/> 1.18 Fees (Issue)							
<input type="checkbox"/> Other _____							
<input type="checkbox"/> Credit							